

ECS Configuration Change Request

Page 1 of

Pages

CCR No. 96-0666		Logged Date 6/19/96		Rev. -		Request Type CCR			
Priority Routine <input type="checkbox"/>		Urgent <input type="checkbox"/>		Emergency <input checked="" type="checkbox"/>		Affected Release		Change Class I I	
Title (description) X-Terminal Relocation									
Documents Affected					Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference				
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>									
Problem Louise Castello is moving from a single cubicle to a double cubicle and will not have a network drop for her X-Term. Tom Collins, a new hire, needs an X-Term.									
Proposed Solution Move Louise Castello's X-Term from 2148A to Tom Collins cubicle 2134E.									
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____									
Originator <u>Doug Smith</u> _____ Signature _____ Date _____ Office _____ Office Manager _____ Signature _____ Date _____									
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____									